



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

opi.mt.gov

Montana Title I School Improvement Plan Supplement*

*Due December 31, 2009

Plan will be implemented during the _____ school year.

District Name:	
School Name:	
Building Principal:	
Phone:	Fax:
E-Mail Address:	
Superintendent:	
Phone:	Fax:
E-Mail Address:	
Assurances: I certify that funding from any Title I School Improvement grant received by the district will be and/or has been spent in compliance with the requirements of NCLB, Section 1116 and requirements of Montana and Federal statutes and regulations. I understand that OPI will withhold a sufficient percentage of school improvement funds for the operation of the statewide system of support, including school support teams and school coaches.	
AR Signature:	
Title I Coordinator:	
Phone:	Fax:
E-Mail Address:	
School Enrollment:	
Grade Levels:	
Free/Reduced Lunch %:	

School Improvement Plan

A. Planning Team

Section 1116(b)(3) SCHOOL PLAN-

(A) REVISED PLAN- After the resolution of a review under paragraph (2), each school identified under paragraph (1) for school improvement shall, no later than 3 months after being so identified, develop or revise a school plan, in consultation with parents, school staff, the local educational agency serving the school, and outside experts, for approval by such local educational agency.

1. Planning Team - List the names of people involved in developing this plan.

Parents:	
Licensed Staff: (include position)	
Classified Staff: (include position)	
Administrators: (include position)	
District Staff:	
Title I Staff:	
Others (Optional): (students, community members, etc.)	



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School Name:

Date:

Purpose: To create a "script" for your improvement effort and support implementation.

SMART Goal (Specific, Measurable, Attainable, Realistic, and Timely):

Timeline to reach goal:

Action Steps toward goal <i>What will be done?</i>	Responsibilities <i>Who will do it?</i>	Resources <i>Funding/Time/ People/Materials</i>	Milestones/Assessment/ Evidence <i>By When? (Day/Month)</i>
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

Implications for Professional Development (If any):

Implications for Family Involvement (If any):

Milestones Reached? (Supporting Evidence):

Modifications to the plan: